## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date::

Application Type:: Regular Subject Matter:: **Utility** 

Suggested classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs:: Sequence submission?::

Computer Readable Form (CFR)?::

Number of copies of CRF::

Title:: Inverted-F Antenna Configuration For

an Implantable Medical Device

298689 Attorney Docket Number:: Request for Early Publication?:: No

Request for Non-Publication?:: Yes

**Suggested Drawing Figure::** 

**Total Drawing Sheets::** 9 Small Entity?:: No

Latin name::

Variety denomination name::

Petition Included?:: No

Petition Type:

Licensed US Govt. Agency:: **Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

**Applicant Authority Type::** Inventor **Primary Citizenship Country::** US

Status:: **Full Capacity** 

Given Name:: Zhifang

Middle Name::

Family Name:: LI

Name Suffix::

City of Residence:: Blaine State or Province of Residence:: MN US

Country of Residence::

Street of mailing address:: 11056 Zumbrota Court NE

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

55449

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Prashant

Name::

Family Name:: RAWAT

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

US

Street of mailing address:: 11706 3<sup>rd</sup> Street NE

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

55434

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffrey Middle Name:: A.

Family Name:: VON ARX

Name Suffix::

City of Residence:: Minneapolis

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 2115 Emerson Avenue South

City of mailing address:: Minneapolis

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55405

Correspondence Customer Number:: 42074  Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: Fax Number:: E-Mail address::						
Representative Information						
Representative Customer Number::			42074			
Representative Desi	Registration Number::			Representative Name::		
Primary		47,629			Douglas M. Hamilton	
Domestic Priority Information						
Application:: Continuity		Type:: Parent Applicat		on::	Parent Filing Date::	
	I		<u> </u>			1
Foreign Priority Information						
Country:: Application number:			Filing Date::		Priority Claimed::	

**Correspondence Information** 

## **Assignee Information**

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address:: Cardiac Pacemakers, Inc. 4100 Hamline Avenue North

St. Paul

MN US

55112

DNVR1:60260024.01